

GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2018
FOR THE CITY OF NORTHAMPTON ENROLLEES
INCLUDING THE 0.35% ADMINISTRATIVE FEE

Active Employees, Retirees and Survivors without Medicare
Chart shows Employee's Portion on a monthly basis (taken in bi-weekly amts)

HEALTH PLAN	PLAN TYPE	% paid by employee	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	20%	113.26	284.60
Fallon Health Select Care	HMO	20%	153.12	371.12
Harvard Pilgrim Independence Plan	PPO	50%	413.34	1004.70
Harvard Pilgrim Primary Choice Plan	HMO	20%	120.64	305.82
Health New England	HMO	20%	110.18	261.32
NHP Prime (Neighborhood Health Plan)	HMO	20%	116.08	299.22
Tufts Health Plan Navigator	PPO	50%	371.72	905.94
Tufts Health Plan Spirit	HMO-type	20%	112.84	271.10
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	50%	529.20	1171.74
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	50%	504.84	1116.28
UniCare State Indemnity Plan/Community Choice	PPO-type	50%	251.08	618.26
UniCare State Indemnity Plan/PLUS	PPO-type	50%	348.04	827.28

Retirees and Survivors with Medicare

HEALTH PLAN	PLAN TYPE	% paid by enrollee	Retiree/Survivor or Pays Per Person Individual Coverage
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	20%	66.40
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	50%	191.30
Health New England Medicare Supplement Plus	Medicare (Indemnity)	50%	193.41
Tufts Health Plan Medicare Complement	Medicare (Indemnity)	50%	180.87
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)	50%	189.84
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare (Indemnity)	50%	184.30

**Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2019.*